

**FISH AND WILDLIFE SERVICE KATRINA RECOVERY VOLUNTEER
REQUEST FORM**

Employee Name _____ **Date(s)** _____
Available _____
Phone (W): _____ (H): _____ (C): _____ E-Mail _____
Address _____
Title/Series/Grade _____ Organization _____ Duty _____
Location _____
Timekeeper Name _____
Phone _____

SPECIAL REQUIREMENTS/SKILLS:

- Are you physically able to work in a disaster area without refrigeration for medications and have the ability to work in the outdoors all day?
Y _____ N _____
- Do you have a Commercial Driver's License (CDL)? Y _____
N _____
- Are you bilingual? _____ Y _____
N _____
- Do you have logistics skills? Y _____
N _____
- Do you have information technology skills? Y _____
N _____

EMERGENCY CONTACT INFORMATION (relative and/or non-relative):

Name _____
Phone _____
Relationship _____
Address _____

Name _____
Phone _____

Relationship_____

Address_____

APPROVAL / DISAPPROVAL OF REQUEST TO VOLUNTEER:

Name of immediate supervisor_____

Phone_____

Recommend Approval _____

Disapproved _____

Signature_____

Date_____

Name of Regional or Assistant Director_____

Phone_____

Approved _____

Disapproved _____

Signature_____

Date_____

Fax this form to your Servicing Human Resources Office at the appropriate number below.

**Region 1–503-231-2373 • Region 3–612-713-5282 • Region 5–413-253-8461 •
Region 7–907-786-3841**

**Region 2–505-248-6856 • Region 4–404-679-4199 • Region 6–303-236-5775 •
Region 9–703-358-2525**